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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>		<b>Attorney Docket No.</b> 101-R001	<b>First Named Inventor</b> Yong-hwan PARK	<b>Original Patent Number</b> 6,324,373	<b>Original Patent Issue Date (Month/Day/Year)</b> 11/27/2001	<b>Express Mail Label No.</b>
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box)		<input checked="" type="checkbox"/> <b>Utility Patent</b>	<input type="checkbox"/> <b>Design Patent</b>	<input type="checkbox"/> <b>Plant Patent</b>		
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>				
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/ SB/ 56)</b> (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> <b>Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).</b>				
2. <input type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>		8. <input type="checkbox"/> <b>Original U.S. Patent for surrender</b> <input type="checkbox"/> <b>Ribboned Original Patent Grant</b> <input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b>				
3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent format (amended, if appropriate)</b>		9. <input checked="" type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119) (if applicable)</b>				
4. <input checked="" type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>		10. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b>				
5. <input checked="" type="checkbox"/> <b>Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</b>		11. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration (if applicable)</b>				
6. <b>Original U.S. Patent currently assigned?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, check applicable box(es))		12. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b>				
<input checked="" type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b>		13. <input type="checkbox"/> <b>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b>				
<input type="checkbox"/> <b>37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</b>		14. <b>Other:</b>				
<input type="checkbox"/> <b>Power of Attorney</b>						
<b>15. CORRESPONDENCE ADDRESS</b>						
<input checked="" type="checkbox"/> <b>Customer Number or Bar Code Label</b> 38209 <b>or</b> <input type="checkbox"/> <b>Correspondence address below</b> (Insert Customer No. or Attach bar code label here)						
<b>Name</b>		Stanzione & Kim, LLP				
<b>Address</b>		1740 N Street, N. W., 1st Floor				
<b>City</b>	Washington	<b>State</b>	DC	<b>Zip Code</b>	20036	
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<b>NAME (Print/Type)</b>		Patrick J. Stanzione		<b>Registration No. (Attorney/Agent)</b>		40434
<b>Signature</b>				<b>Date</b>		November 26, 2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 101-R001			
Claims as Filed - Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee				
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 31	**** 11 =	x \$ _____ =	0	or	x \$ 18 =	198	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 7	* 3 =	x \$ _____ =	0		x \$ 86 =	258	
Basic Fee (37 CFR 1.16(h)) \$ _____								\$ 770	
Total Filing Fee \$ 0							OR	\$ 1,226	
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee			
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =	0		x \$ _____ =	0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =	0		x \$ _____ =	0
Total Additional Fee						\$ 0	OR	\$ 0	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,226.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>11/26/2003</u> Date</p> </div> <div style="width: 60%; text-align: center;">               Signature of Applicant, Attorney or Agent of Record  <u>Patrick J. Stanzone</u>              Typed or printed name           </div> </div>									